



Personal information is collected under the authority of the *Medicare Protection Act* and section 26 (a), (c) and (e) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA) for the purposes of administration of the Medical Services Plan. Information may be disclosed pursuant to section 33 of FOIPPA. If you have any questions about the collection and use of your personal information, please contact the Health Insurance BC Chief Privacy Office at Health Insurance BC, Chief Privacy Office, PO Box 9035 STN PROV GOVT, Victoria, BC V8W 9E3 or call 604 683-7151 (Vancouver) or 1 800 663-7100 (toll-free).

**1 PERSONAL INFORMATION - PLEASE PRINT**

LEGAL NAME	FIRST	SECOND	SURNAME			
	BIRTHDATE (MONTH DAY YEAR)		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PERSONAL HEALTH NUMBER	HOME PHONE NO. (+ AREA CODE)	WORK PHONE NO. (+ AREA CODE)
RESIDENTIAL ADDRESS			MAILING ADDRESS (if different from residential address)			
POSTAL CODE			POSTAL CODE		POSTAL CODE	
ARE YOU CURRENTLY ENROLLED WITH THE MINISTRY OF HEALTH?						
<input type="checkbox"/> YES. GO TO <b>"Section 3"</b> , Declaration <input type="checkbox"/> NO - GO TO <b>"Section 2"</b> , Residence and Citizenship						

**2 RESIDENCE AND CITIZENSHIP**

**A** Check the box below which applies to you and attach a photocopy of the applicable document. DO NOT SEND ORIGINALS!

☐ CANADIAN CITIZEN  
Attach photocopy of Canadian  
birth certificate, Canadian citizen-  
ship card or Canadian passport.

☐ HOLDER OF PERMANENT RESIDENT  
STATUS (LANDED IMMIGRANT)  
Attach photocopy of Record of  
Landing, Permanent Resident Card  
(front and back) or Confirmation of  
Permanent Residence.

☐ OTHER  
Attach photocopy of Work Permit,  
Study Permit, etc.

**B** HAVE YOU BEEN ENROLLED PREVIOUSLY?

☐ YES ☐ NO

IF YES, WHEN DID YOUR PREVIOUS ENROLMENT END? MONTH DAY YEAR

\_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |

**C** HAVE YOU LIVED IN B.C. SINCE BIRTH?

☐ YES. GO TO **"Section 3"**, Declaration ☐ NO

MOST RECENT MOVE TO B.C.?

MONTH DAY YEAR

\_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |

IS THIS A PERMANENT MOVE?

☐ YES ☐ NO

WHAT PROVINCE OR COUNTRY DID YOU MOVE FROM?

WHAT WAS YOUR HEALTH NUMBER?

**3 DECLARATION**

I declare that I am a resident of British Columbia and that all information provided on this form is true.

I declare that I elect to remain outside of all provincially funded health care programs. I understand that I will be responsible for the payment of all medical, hospital and other health care services, and items such as prescription drugs, received by me during the 12 month period for which I am opting out. I have read this Election to Opt Out completely, including the sections of the *Medicare Protection Act* on the back, and understand that I cannot opt back in during the 12 month period. I fully understand the requirements and consequences of filing this Election to Opt Out.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

A person must be a resident of British Columbia to qualify for provincial health care benefits.

The *Medicare Protection Act* defines a resident as a person who:

- (a) is a citizen of Canada or is lawfully admitted to Canada for permanent residence,
- (b) makes his or her home in British Columbia, and
- (c) is physically present in British Columbia for
  - (i) at least 6 months in a calendar year, or
  - (ii) a shorter prescribed period,

and includes a person who is deemed under the regulations to be a resident but does not include a tourist or visitor to British Columbia.

Under Section 7 (1) of the Act, every resident is required to enroll with the Medical Services Commission in the manner required by the Commission for enrollment as a beneficiary. However, Section 7 (3) of the Act states that the need to apply for enrolment does not apply to an adult resident who submits a statement to the Commission in the manner required by the Commission stating that he or she does not want to be enrolled as a beneficiary.

Similarly, a resident who is already enrolled, but who no longer wants to be a beneficiary, can submit a statement to the Commission stating that this is the case. Under Section 7.4 (1) (a) the Commission may cancel the enrolment of a beneficiary effective on a date subsequent to the date of his or her application (to opt out of provincial health care benefits).

Under no circumstances may a statement be submitted for the purpose of requesting that a child not be enrolled or that the enrolment of a child be cancelled.

The Act also requires that, for a prescribed period (12 months) from the date that the Commission either receives a statement under Section 7 (3) or cancels enrolment under Section 7.4 (1) (a), the Commission **must not** enrol a person as a beneficiary.

The *Medicare Protection Act* is a public document that can be purchased, for a small fee, from Crown Publications. It may also be viewed at many public, college, university and law libraries throughout the province.

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## INFORMATION ABOUT OPTING OUT OF MINISTRY OF HEALTH PROGRAMS

If you do not want to participate in British Columbia's (BC) provincial health care programs, you must complete and sign an Election to Opt Out statement and submit that statement to the Ministry of Health.

You cannot opt out retroactively in order to eliminate an outstanding premium debt; any outstanding amount is a debt owed to the province and is collectable under law. If you elect to opt out, your statement is effective for a 12 month period starting on the first day of the month following the month in which your application to opt out is received and you cannot subsequently opt back in until after this 12 month period.

### Consequences of Opting Out

- During the 12 month period for which you opt out, the Ministry of Health will **not** pay for any medical, hospital or other health care services, or for any items such as prescription drugs that might otherwise have been a benefit. This will be true regardless of whether the services/items are required on a routine or an emergency basis, due to illness or accident, and regardless of the cost involved.
- You will be responsible for paying the entire cost of health care services and items you receive during the opted out period. You will not be able to opt back in, in the event of an unforeseen medical problem. Note: Hospital costs alone can exceed \$1,000 per day.
- You may find you are unable to obtain extended health care benefits or coverage for travel outside BC.
- You will be given a Notice of Exemption to show that you have opted out and must present that notice when medical, hospital and other health care services are accessed, and when purchasing items such as prescription drugs, that might otherwise have been a benefit.
- An Election to Opt Out form must be completed each year if you choose to remain outside BC's provincial health care programs.



The following are sections of the *Medicare Protection Act*, which make provisions for residents to opt out.

A person must be a resident of BC to qualify for provincial health care benefits. The *Medicare Protection Act*, defines a resident as "a person who

- (a) is a citizen of Canada or is lawfully admitted to Canada for permanent residence,
- (b) makes his or her home in British Columbia, and
- (c) is physically present in British Columbia for
  - (i) at least 6 months in a calendar year, or
  - (ii) a shorter prescribed period,

and includes a person who is deemed under the regulations to be a resident but does not include a tourist or visitor to British Columbia."

Under Section 7(1) of the Act, every resident is required to enroll with the Medical Services Commission in the manner required by the Commission for enrolment as a beneficiary. However, Section 7(3) of the Act states that the need to apply for enrolment does not apply to an adult resident who submits a statement to the Commission in the manner required by the Commission stating that he or she does not want to be enrolled as a beneficiary.

Similarly, a resident who is already enrolled, but who no longer wants to be a beneficiary, can submit a statement to the Commission stating that this is the case. Under Section 7.4(1)(a) the Commission may cancel the enrolment of a beneficiary effective on a date subsequent to the date of his or her application (to opt out of provincial health care benefits).

Under no circumstances may a statement be submitted for the purpose of requesting that a child not be enrolled or that the enrolment of a child be cancelled.

If an individual elects to not be enrolled, this does not impact the coverage status or eligibility for benefits of other individuals on the same account. If you have applied previously for supplementary benefits (or if your spouse applies while you are opted out), you will be required to provide your income information to determine ongoing eligibility for benefits.

The Act also requires that, for a prescribed period (12 months) from the date that the Commission either receives a statement under Section 7(3) or cancels enrolment under Section 7.4(1)(a), the Commission **must not** enroll a person as a beneficiary.

The *Medicare Protection Act* is a public document that can be purchased, for a small fee, from Crown Publications. It may also be viewed at many public, college, university and law libraries throughout the province.



Health  
InsuranceBC

## NOTICE OF EXEMPTION

This is to certify that the person named below has filed, with the British Columbia Ministry of Health, a statement pursuant to Section 7.1 (1) of the *Medicare Protection Act*. This person has elected to remain outside of all provincially funded health care programs for the period of:

**Name:**

**Birthdate (M/D/Y):**

**Personal Health Number:**

This notice must be presented when obtaining health care services and items that might otherwise be a benefit. It certifies that assumes responsibility for paying the cost of all medical, hospital and other health care services and items such as prescription drugs, provided to him/her during the period noted above.

Health Insurance BC

CAN08\_OPTOUTEX



Health  
InsuranceBC

FIRST\_NAME LASTNAME  
AddresseeOverrideAddressBlock

PHN: PHN

December 23, 2019

Dear FIRST\_NAME LASTNAME:

Subject: Approval of Election to Opt Out statement with Exemption Certificate

The Ministry of Health (the Ministry) has approved your Election to Opt Out statement. As a result, the Ministry will **not** pay for any medical, hospital or other health care services or items such as prescription drugs, that you receive during the period indicated on the certificate. You will be responsible for paying the entire cost of all such services and items, and must present your Notice of Exemption before any health care service or item is received.

**You will not be able to opt back in to Ministry of Health programs, including the Medical Services Program (MSP), even if you experience unforeseen medical issues.**

An Election to Opt Out statement must be completed each year if you choose to remain outside of all provincially funded health care programs, and if you are still a British Columbia resident. It is your responsibility to ensure that any future statements are filed and that the Ministry is advised of all changes to your address.

**MSP coverage will be reinstated at the end of the 12 month period if we are unable to contact you.**

Thank you.

Health Insurance BC

CAN09\_OPTOUTAPPROV  
Enclosure